

LOUISVILLE MEDICAL NEWS:

A WEEKLY JOURNAL OF MEDICINE AND SURGERY.

J. W. HOLLAND, A.M., M.D., }
H. A. COTTELL, M.D., } Editors. JOHN P. MORTON & CO., Publishers.

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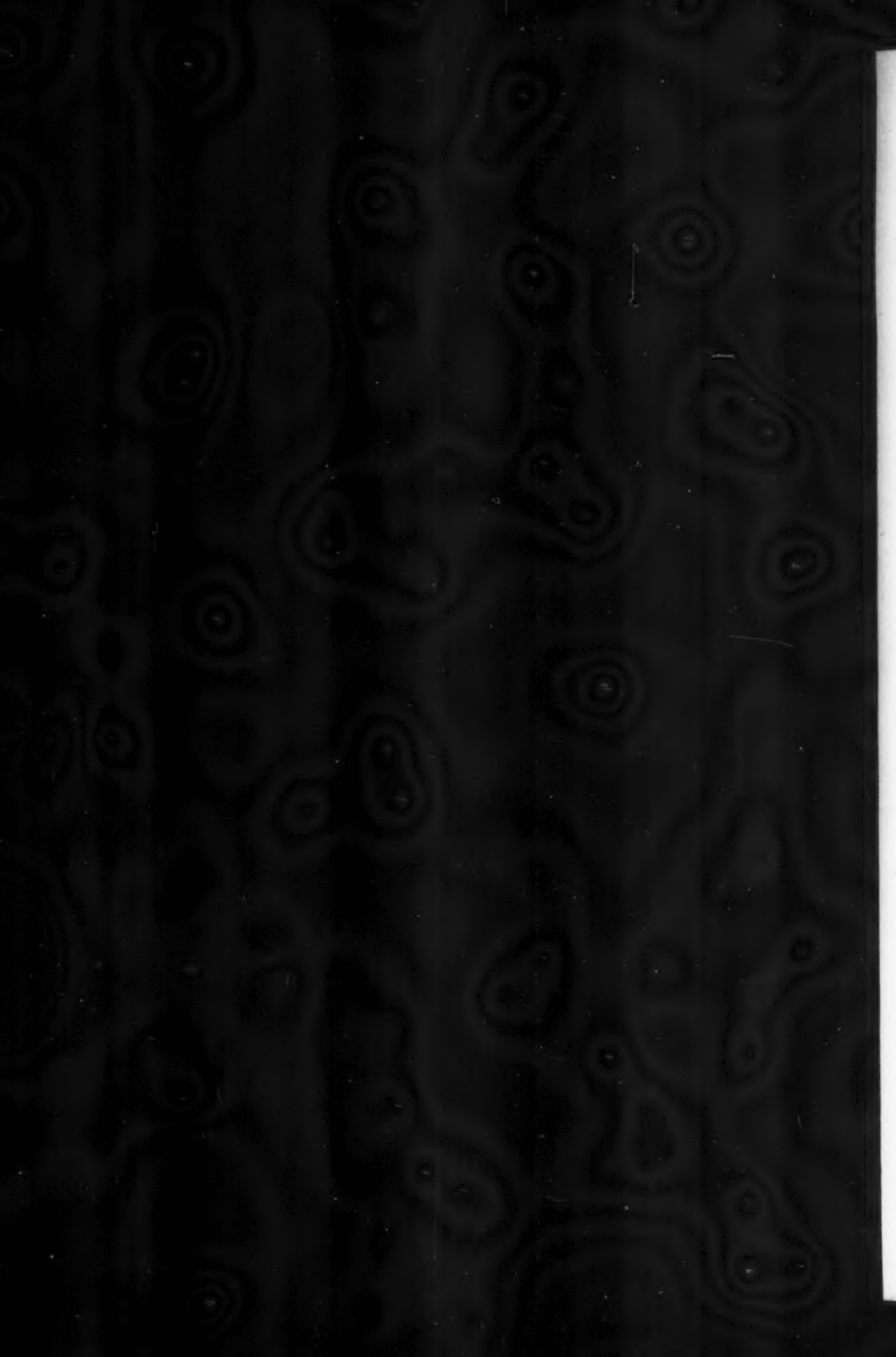
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LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNA."

Vol. XIII.

LOUISVILLE, APRIL 29, 1882.

No. 17.

J. W. HOLLAND, A. M., M. D., }
H. A. COTTELL, M. D., } Editors.

THE CODE.

On another page will be found a resolution of the St. Louis Medical Society adopted April 1st. It contains one phrase which should have been omitted. Beginning with an expression of goodwill to those who venture widely in medical investigation, and conceding liberty of opinion to all, it disapproves of those who practice according to an exclusive medical system or one founded upon "any of the current delusions." The words in quotation-marks are those we consider objectionable. It smacks too much of "orthodoxy." Just now the germ-theory is ruling in pathology, and on it is based the antiseptic system of treating zymotic diseases. Every town of any size can boast of a very respectable number of doctors who would formally express an opinion that this is "a current delusion." The advocates of the theory being in the majority would give a still more weighty judgment to the effect that those who refuse to accept the new doctrine are old fogies, who cling to a "delusion" which was once "current." But neither would go so far as to formally resolve their opponents out of the pale of honorable physicians. If, however, the germ-theorists were to organize in a body and openly proclaim that they practiced the antiseptic system and no other, having found the one principle of medical science, and then appealed to the public for recognition as a new school, there would be some ground

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for reproof. They would be blameable, not for believing in antiseptics, but for trading on the name of and pandering to the popular liking for a specious hypothesis. The spirit they would show would be wholly unscientific.

The phrase "current delusions" revives impressions of church councils and their fulminations against heresy. It is altogether likely that some have looked on our Code as a sort of *confession of faith*, to be received with unquestioning obedience, but to us it has always appeared as a compact which guaranteed the "liberty of each limited only by the like liberty of all." It was not written upon tables of stone and delivered on a holy mountain, nor has any one ever claimed for it plenary inspiration. We have seen no similar document which can compare with it as a moral guide to the doctor, though we at the same time find in it matter for criticism.

In Article IV, which speaks of the duties of physicians in regard to consultations, is a sentence which, if amended, would leave it more liberal and more just than a strict reading of its present form would make it. It reads now, "But no one can be considered as a regular practitioner or a fit associate in consultation whose practice is based on an exclusive dogma to the rejection of the accumulated experience of the profession, and of the aids actually furnished by anatomy, physiology, pathology, and organic chemistry."

All believers in homeopathy claim that their dogma does not reject, but, on the contrary, is based upon the accumulated expe-

rience of the profession, and most of them are now graduates of schools which teach all the branches mentioned. Every man has the right to put his own interpretation on the experience of the profession, and for our part we can not impute any *ethical* wrong to him, no matter how absurd his dogmatic conclusions may be.

No impropriety can be alleged so long as he does not in the spirit of a quack seek patronage by making appeals to the ignorance or prejudice of the laity through public avowals of ability to cure by a special therapeutic law. Here is where the injury lies. Money-getting before, not after, science becomes his object, and the balance of truth in which all opinions must be weighed is for him no longer level. Let the Association, which meets at St. Paul in June, amend the article quoted above by inserting after the word "consultation" the following passage: "Who assumes or accepts designations implying the adoption of special modes of treatment." This will withdraw professional countenance from those who trade upon a name, and yet not be open to the charge of obscurity made against the article as it now stands.

In conclusion, we can not withhold praise from the following, which appeared in a recent editorial of the New York Medical Times, the leading journal of the homeopaths. After a bit of ridicule for the pure Hahnemannians, it says:

We may well consider the desirability of doing away with our distinctive adjective, thereby avoiding the suspicion of "trading upon a name." . . . The display of the title "homeopath" on signs is rarely met with in these parts (New York), and its use, we will admit, is only for purposes of notoriety, and should be abandoned by such as have any degree of appreciation of good taste and of the dignity of that title which needs no modification, viz. Doctor of Medicine.

The article closes with this remarkable acknowledgment:

In fact, taking it for true that the distinctive barriers between medicine and homeopathy as taught by its founder have been overthrown, we can see no ground for the retention of the word homeopath.

MISCELLANY.

EXCISION OF A STRICTURE OF THE DESCENDING COLON.—Mr. Thos. Bryant lately reported to the Royal Medical and Chirurgical Society an interesting case, in which he successfully excised a cancerous stricture of the descending colon through an incision made for left lumbar colotomy. The patient, a lady aged fifty, had suffered from complete obstruction for eight weeks, and was very feeble. The stricture could not be felt from below. The bowel was removed through the oblique incision made for the left lumbar colotomy, by simply pulling the strictured segment through the wound and stitching each portion of the bowel with its two orifices as divided to the lips of the wound. The stricture was annular and so narrow as barely to admit the passage of a No. 8 catheter. Mr. Bryant believes this new operation is applicable to not a few cases of stricture of the descending colon. These annular strictures are generally local diseases, and their excision should be entertained as soon as the diagnosis is made, and in every case of chronic obstruction of the descending colon the possibility of removing the diseased bowel should be considered before the bowel is opened for a colotomy operation. The operation should not be postponed too long.—*J. B. M.*

THE following resolution was adopted by the St. Louis Medical Society, April 1, 1882:

Resolved, That the St. Louis Medical Society, while it desires to accord the broadest freedom to medical investigation, and recognizes fully the right of individuals to form and hold private opinions, hereby declares that it regards with disfavor any steps taken to lessen or obliterate the distinctions and safeguards between an honorable practice of medicine founded upon science and that founded on any of the current delusions and exclusive medical systems of the day.

THIRD DISTRICT (IND.) MEDICAL SOCIETY. This society will meet in Jeffersonville on Wednesday, May 3d. We understand that arrangements have been made for a meeting which shall, if possible, exceed in interest that of last May. We regret that the promised programme did not reach us in time for publication in this issue.

DRS. LEPINE AND GUÉRIN state (*Revue Médicale*) that there is an excess of unoxidized sulphur in the urine in cases of disturbance of the biliary function.—*Medical Times*.

CARBON DISULPHIDE IN NEURALGIC PAINS. From an extensive use of carbon disulphide Dr. E. Sanders, of New York, claims that it possesses undoubted therapeutic properties. In an article in the *Medical News*, Dr. Sanders reports a number of cases which were benefited by its use. In all cases of neuralgic pains and nervous cephalalgias it seldom fails to give relief. The remedy is used in the following manner: A ball of cotton batting is drawn out into a conical shape, and upon the apex of the cone five or ten drops of the liquid are poured. The cone is then inverted and pressed firmly over the painful spot. It is important to make the application over the points of greatest pain. The length of the application depends upon the sensations of the patient; it produces a burning sensation, but does not vesicate. The relief is almost instantaneous. Dr. Sanders inclines to the belief that the agent acts as an intense, quickly-acting, and transient local counter-irritant, and not as a local sedative. —*J. B. M.*

A LOOSE TOOTH IN THE ANTRUM OF HIGH-MORE.—Dr. Porter (St. Louis Med. and Surg. Journal) reported before the St. Louis Medical Society a case in which an apparently incurable chronic catarrh of the right nostril was relieved by the discharge of a little mass which upon examination proved to be an embryonic tooth. There was no doubt as to the place from which the mass was discharged, and it is probable that the tooth had been pushed into the antrum during the period of secondary dentition; for the patient, who is thirty-eight years old, declares that the discharge has existed since boyhood.

"UNFERMENTED WINES."—It seems hopeless to argue with teetotalers. For a sober man, who has all his life taken wine with his meals, to give it up and drink nothing but water, because A muddles himself with beer and B maddens himself with gin, seems little short of insanity. And now some religious persons are taking up the position that Christians, as such, ought to be total abstainers; that is to say, be better than Him from whom they derive their name. He must occasionally have drunk wine, otherwise the Pharisees could not have taunted him with being a "wine-bibber." But then these good people have made the discovery that wine such as the early Christians drank was *unfermented*! The term "unfermented wine" is, of course, self-contradictory, wine being

the fermented juice of grapes. No fermentation, no wine. Is it credible that people undertook all the labor of planting and tending vines, gathering the fruit, and crushing it in the press for the purpose of drinking some ropy grape-juice? And how long would such sickly stuff have kept sweet in the climate of Asia and southern Europe!

If the wine which the early Christians drank at their love-feasts was unfermented, how is it that St. Paul had to denounce the behavior of some of the Corinthian converts, who at these very love-feasts, he says, used to get drunk upon it?—*J. Dixon, in Med. Times and Gazette.*

SIGN OF PREGNANCY.—Dr. Delattre writes to the *Gazette des Hôpitaux* upon a constant sign of the beginning of pregnancy, which consists in the almost complete disappearance of the phosphates from the urine. As to what became of the phosphates, the author believes that they are condensed into the bones of the mother, forming osteophytes during the first months of intra-uterine life. During the last months, the fetus developing rapidly, this reserve of phosphates is largely drawn upon, the bones increase in weight, and the osteophytes diminish gradually until their complete disappearance, which generally occurs after the first month of nursing. However, where the mother is weakly and ill nourished, she has, far from forming these reserves, to borrow from the proper substance the elements necessary for the nutrition of the fetus, and consequently her strength becomes exhausted, and the child when born is small and weakly. In this latter case M. Delattre insists on the necessity of giving phosphate of lime during the whole course of the pregnancy.—*Med. Press and Circular.*

ANOTHER DEATH OF A PARIS INTERNE FROM DIPHTHERIA.—Dr. Cossy, *chef de clinique* in Prof. Parrot's service at the Enfants-Assistés, has just died of diphtheria which he contracted in the wards of that hospital. A Swiss by birth, thirty-three years of age, he had become naturalized in France, and had entered upon what promised to be a distinguished career, when he was suddenly carried off by diphtheria. Only six months since M. de Boyer, another *chef de clinique* of the same service, died of the same disease; and deaths among hospital medical men from this cause have of late years been terribly numerous.—*Medical Times and Gazette.*

DR. CARPENTER ON VACCINATION.—At the monthly conference meeting of the London Society for the Abolition of Compulsory Vaccination, at Steinway Hall, an address was given by Dr. W. B. Carpenter, on the increase of smallpox mortality in London during the year 1880.

He pointed out the inadequacy of the objection that a system of compulsory vaccination outraged the rights of individuals, contending that in health, as in education, it was the paramount duty of the State to secure as far as possible the public advantage. The State, in his opinion, was morally bound to intervene in such a matter between the parent and the child, for the good both of the child and of society at large, every member of which was liable to be exposed to infection. He proposed to speak with special reference to the outbreak of smallpox in 1880, which, he understood, was specifically mentioned in the resolution that was to be moved in the House of Commons by Mr. P. A. Taylor. That outbreak, according to his view of the case, afforded grounds not for the repeal of the act, but rather for making its operation more complete and stringent. It was necessary first to consider the history of smallpox, with regard to which very important statistics existed in the bills of mortality for the last two hundred years. In the case of other exanthemata—scarlatina, for instance—doubts might have been cast on the value of the earlier figures; but smallpox had always been clearly recognized and distinguished from other diseases, and no such doubts could therefore be entertained. Now, from 1660 to 1678 the general mortality of the kingdom was 80,000 in every million of living persons, and the smallpox mortality was 4,110; in 1728-57 the general mortality was 52,000 per million, and the smallpox mortality 4,260; in 1771-80 the general mortality was 50,000, and the smallpox mortality 5,020—a slight increase, which was probably due, as Dr. Heberden said long ago, to inoculation. However, the average smallpox mortality in the period from 1660 to 1800, irrespective of inoculation, might be taken as about four thousand per million. It was noticeable that at the time the disease periodically appeared in its worst form and was the terror of all classes. Thus Louis XV died deserted by all except Madam Du Barry, and the priests who chanted mass by the side of his coffin in the *Chapelle Ardente* were said to have been "condemned" to do so. Again, in 1750 Horace Walpole wrote, "Lord Dalkeith is dead of

smallpox in three days," his brother having previously died in two days. These were of course instances in which the disease appeared in its greatest intensity and attacked the rich, who in these days would ordinarily have little to fear from it. For the decade 1801-10 the general mortality was 29,000 per million, and the smallpox mortality 2,040. In 1831-35 the general mortality, owing to the epidemics of cholera and influenza, was 32,000, and the smallpox mortality had fallen to 830. At that time he had himself seen as many as a hundred cases of blindness from smallpox in unvaccinated persons, and there was evidence that in the last century two thirds of the patients at the blind asylums were blind from the same cause, while the proportion now was only five per cent. In 1840 the legislature provided the means of vaccination, and the result was that the mortality fell to 400 per million. Then came compulsory vaccination in 1853, and the smallpox mortality in the decade 1851-60 was only 278 per million. In 1861-70 the number was 276.

He now came to the years 1871-80, which period was unquestionably exceptional. The mortality in these years among unvaccinated persons was so extraordinarily great, and the disease itself was so often violent as to suggest the notion that it might be indeed the black death of the middle ages. Yet as far as he had been able to ascertain, no person who bore good evidences of vaccination had died of that peculiarly malignant form of smallpox (known in medicine as the hemorrhagic or petechial), the frequency of which among the unvaccinated in the present epidemic raised the average death-rate of that whole class to 44.6 per cent, while the average death-rate of the vaccinated had been only 7.8 per cent, ranging from 1.3 to 15.3, according to the character of the arm-marks.

In 1871 the disease was severe every where in Great Britain, but especially in Scotland, where compulsory vaccination had been long adopted. Since that time, however, vaccination had been enforced more effectually in Scotland than in England, the result being that for the last four years there had not been twelve deaths a year in that country from smallpox. In London, on the other hand, thanks to the efforts of the Society, there was an unvaccinated residuum which kept the disease alive. The epidemic had come to us from France, and had probably arisen there from the unsanitary condition of the French soldiers during the late war. Having regard to all the circumstances of

the epidemic, and from a study of epidemics in general, he had no hesitation in saying that the period of 1871-80 was altogether exceptional, and that the rate of smallpox mortality during that decade afforded no basis for an argument against vaccination.

He need only make one more observation. His opponents would doubtless urge that such places as Dewsbury, Leicester, and Keighley, where the anti-vaccinationists were strong, had had a comparative immunity from smallpox. But the truth was that the disease had already died out in those towns, and that the mere disuse or neglect of vaccination did not reproduce it. As an illustration of the fact that no sanitation would suffice to exclude smallpox, the case of San Francisco might be cited. In the Chinese quarter of that city a smouldering fire of smallpox continued to survive after the subsidence of the general epidemic of 1872 and following years. Five years ago the Board of Education required that all the children then in the schools should be vaccinated, and that none should be thereafter admitted without a vaccination certificate. Under this order 80,000 children were vaccinated within the five years 1876-81. In the autumn of 1880 an outbreak of smallpox took place among the most respectable families in the town, causing quite a panic among the citizens; 147 cases occurring in November and 140 in December, before it could be controlled by the vaccination of the unvaccinated adults, and by the quarantining of those smitten with the disease; and this in spite of the fact that as the very low annual death-rate showed, the sanitation of the place was singularly good. Of the children, however, all of whom had been vaccinated—mostly with heifer-lymph—only ten or twelve took the disease.—*British Med. Journal*.

EXTIRPATION OF THE UTERUS.—Freund's and Porro's operations have both, according to the *British Med. Journal*, been repeatedly performed in England within the last three months. Of these cases but two, those of MacCormac and Spencer Wells, have been successful. The exact number of unsuccessful cases is unknown, but the same authority is cognizant of five in London alone, all by well-known and experienced operators. Freund's operation, as is known, consists of removal of the entire uterus, either by the vagina or through an abdominal incision; Porro's, in the removal of all except the cervical portion.—*Maryland Med. Journal*.

FRACTURED PATELLA.—In a note to the *British Medical Journal*, Mr. Christopher Heath agrees with Hutchinson that in fracture of the patella separation of the fragments depends on effusion, either of blood or synovia, or a mixture of both. He does not hesitate to aspirate the knee-joint in cases both of fractured patella and injury to the joint without fracture. Having emptied the joint, or if the patient is seen before effusion takes place, a plaster-of-paris bandage over an envelope of cotton wadding is applied and the patient made to get about as soon as the plaster is dry. Mr. Heath claims better results by this method than follows the old practice of keeping the patient in bed and not touching the bone for six weeks. A distinctly ligamentous union is more satisfactory than close or so-called bony union.—*J. B. M.*

FEMALE PHYSICIANS.—It has been stated that there are at present nearly four hundred female physicians in practice in the United States. They are to be found in twenty-six of the States of the Union; but the majority of them are practicing in New York, Massachusetts, and Pennsylvania. In Russia twelve women-doctors are officially engaged in teaching medicine to female students. Several are in the service of the *Zemstvos*, and some forty are engaged in hospitals. It is also reported that twenty-five qualified female practitioners who served in the military operations of 1877 have by order of the emperor been decorated with the Order of St. Stanislaus of the Third Class.—*Med. Times and Gazette*.

POISONING BY YELLOW ACONITE.—"A lady had a bunch of freshly-cut flowers of yellow aconite in a glass of water on the table in her drawing-room. A pet dormouse belonging to one of the children was running about on the table, over the child's hand and arm. The child said the dormouse was thirsty, and she took her little thimble, filled it with water from the glass, and offered it to the dormouse. The animal drank it readily. In a minute or two it fell over on its back and, after a short struggle, died upon the table." The yellow aconite would thus seem to be not quite so inactive as has been assumed.—*Med. Times and Gazette*.

DR. SMITH (*British Med. Journal*) reports several cases of lead-poisoning in weavers from handling yarn colored yellow with the chromate of lead.

Original.**FASTING.**

BY T. B. GREENLEY, M.D.*

In selecting this subject upon which to base a few remarks, I did not expect to elaborate any thing new, but merely, in as succinct and clear a manner as possible, to present an account of the most noted cases, both of ancient and modern times, and also to allude to the physiological, or rather pathological, effects produced by fasting.

Of course in a paper so short as the present occasion demands the subject can only be treated in a very cursory manner.

The word "fast" seems to be of Teutonic origin, and is derived from a root signifying to hold, keep, observe, and means to restrain one's self.

The abstinence from food was common among many Asiatic nations in celebrating religious rites, as well as in commemorating certain days wherein great good had resulted to them or their country, as well as days on which great calamities had befallen them. It would seem that fasting on their part represented both a sense of thankfulness and sorrow or regret. It may have been, in the latter case, a manifestation of humility before their deity, in order that future misfortunes might be averted. Some of the religious sects among the Hindus, in celebrating their religious rites, carried fasting to a greater length than any people we have any account of. In order to be perfectly purified they fasted as long as twelve days.

The custom of observing fast-days finally reached Palestine, the land of the Jews, first in commemorating their great day called the Sabbath of Sabbaths, and afterward by way of humiliation, the days on which their Temple was destroyed, first by Nebuchadnezzar, and secondly by Titus. In this respect the Jews were like their Asiatic neighbors, manifesting by fasting a spirit of rejoicing as well as a sense of humiliation.

It has been a custom among all Christians to fast on certain days. The Catholic Church observes more days in this way than any other, and the Council of Orleans in 541 decreed that all members should abstain from meat for forty days during Lent, except on Sundays. This decree did not affect children under fourteen years or pregnant women; but now meat is allowed to labor-

ing people once a day. There are also days called fast-days in the various churches, but no church makes it obligatory upon its members to abstain absolutely from all kinds of diet.

The instances of fasting cited in the Bible are not particularly spoken of as illustrative of any special fact, or to have been practiced for any given motive. By the Christian world these fastings have been regarded more in a religious point of view than otherwise, and as being miraculous in their character, and by the infidel as fabulous.

In Exodus we have the account of Moses having fasted forty days, taking neither food nor drink during that time. This occurred on Mount Sinai fifteen hundred years before Christ. The next fasting we have an account of was by the prophet Elijah, nine hundred years before Christ. He went without food forty days. Then in order we have recorded, about four hundred years afterward, the fast of Daniel, who did without food twenty-one days. The fourth and last account given us in the Bible of protracted fasting is contained in the New Testament. This fasting was done by Christ himself, and lasted forty days.

As before remarked, the instances of fasting spoken of in the Scriptures had been regarded by the Christian world as miracles until Dr. Tanner proved that a man, uninfluenced by Divine power, could accomplish the same feat and not materially injure his general health. We have no account of the physical effect produced by fasting on those spoken of in the Bible, except that some of them were hungry after the fast, which was not at all preternatural. If, as believers in the Bible regard it, Moses and the others who fasted were under Divine influence, it would not be presumed that any bodily injury was sustained. But it is now very satisfactorily demonstrated that a man in good health can fast forty days without suffering any special injurious effect, either physically or mentally, and when we come to think of the several feats of this kind lately performed, we are a little astonished that it has been regarded as a miracle for over eighteen centuries without any effort having been made to prove the contrary. Had it not been for the bold and determined resolution of Dr. Tanner, the world would have still remained in ignorance of man's capacity to fast so long a time. The doctor's experiment was regarded as not only hair-brained, but a dangerous undertaking by our best physicians and scientists, and predicted by every

* Read before the Kentucky State Medical Society, in Louisville, April 6, 1882.

body that it would result in failure. The doctor himself, however, possessed the utmost confidence from the beginning in his ability to accomplish the task. Notwithstanding the considerable loss of flesh during the fast, he was enabled to take a certain amount of exercise in walking every day, and at the close was still possessed of a considerable amount of strength. It was not observed that his mental faculties had suffered the slightest impairment, and to judge of the manner in which he partook of food of different kinds without trouble from indigestion, it would seem that his digestive powers were not weakened.

In comparing the fasting of Christ and others with that of Dr. Tanner, we can not run a positive parallel, from the fact that we have no evidence in the cases of the former, except that of Moses, whether they used or abstained from drink during their fasts. I presume that it would be utterly impossible for a human being to live any thing like forty days without taking water. Long before the expiration of that time the blood would become so diminished in volume that death would result from the want of tissue-supply. Dr. Tanner tested the time pretty closely that life could be maintained without physical injury by the abstinence of water. I think he abstained from its use about nine days, by which time his feelings warned him that danger was present. From this view of the case, we would still have to regard the fasting of Moses as a miracle, unless we consider the statement that he neither ate nor drank for forty days, alluded to food and wine. In all probability that would be the proper interpretation of the word drink, as wine seems to have been spoken of generally as drink, and constituted part of the ordinary diet. If this hypothesis be correct then we may exclude the supernatural character of the Biblical fastings.

Fasting in Dr. Tanner's case did not seem to particularly interfere with any of the various functions of the economy, either mental or physical. He was enabled to receive a due amount of repose in the way of sleep, and at no time appeared to be very despondent in mind. The secretions and excretions of the various organs were duly performed, although of course not to the same extent as if he had received an ordinary amount of alimentation. The question might be asked here whether or not abstinence from food in his case could have been further prolonged without injury being sustained by the physiological functions or the

mental faculties? I think the solution of this question may be learned to some extent by inquiry into the histories of the several cases which have recently starved themselves to death in order to get rid of great physical suffering or on account of mental alienation. Yet it would be doubtful whether the history of these cases would afford satisfactory evidence in these particulars, as they were suffering from either mental or physical trouble when the fasts commenced. We have the case of Miss Fanshaw, of Iowa, who on account of terrible and incurable rheumatism and neuralgia determined to starve herself to death, so as to terminate her long-continued suffering. It is said that she was a woman of education and intelligence, and did not deem it a religious sin to put a period to her misery and existence by starvation. She lived without food fifty-four days.

Then we also have the remarkable case of Miss Triplett, of Hardin County of this State. As I am familiar with the family of this girl, I will give a short sketch of the history of her case. She was the daughter of respectable parents, and, as far as can be learned, possessed of good family history on both sides, there being no constitutional disease either hereditary or acquired. At her decease she was twenty-seven years old; was a healthy child and ordinarily sprightly up to her fifteenth year. She now became affected with epilepsy, the seizures being frequently repeated both day and night. Within two years after she became thus affected her mental faculties were much involved, and became more and more impaired until she was a mere mental imbecile, not manifesting as much mind as a child a year old. At this time, two years ago, she took to her bed and remained there up to the time of her death, which occurred on the first day of March the present year. During this time she was, it might be said, almost unconscious, really not possessing as much instinct as the lower animals. She barely, by the least manifestations possible, recognized the presence even of her parents, and never indicated to them by any signs the urgency of the calls of nature, but passed the contents of the bowels and bladder in the bed.

It might be inferred from the history of the case that the epilepsy was attributable to derangement or retardation of the menstrual function, coming on, as it did, about the period of puberty; but this was not the case, as menstruation had been established previously and was regularly maintained up

to within two years of her death. It is useless to say that she had the advantage of medical treatment for years, her parents having expended a great deal of money in her behalf, but, as a rule, there was little alleviation of her trouble.

On the 6th of last December she refused to eat, and continued to persist in this refusal, with the exception of a little milk and a few pieces of canned peaches, up to the time of her death. Her parents assure me—and they are of undoubted veracity—that she did not take into her stomach after the 6th of December, for a period of eighty-five days, more than a quart of milk and a tumblerful of canned peaches. It was with some difficulty that she could be induced to take a little water—only a few swallows a day.

This case, I think, furnishes evidence of the longest fast we have on record; but it is very probable that in her case the time which she was enabled to live without food was greatly prolonged by virtue of her imbecility.

As a rule, those who starve themselves to death, either to get rid of physical suffering or on account of an insane impulse, are to a greater or less extent reduced in flesh when they begin to fast. According to physiological law, a person who is very obese can do without food much longer than one who is lean. Therefore it may be presumed that we are not yet in possession of the exact time a very fat person could live without food. One might suppose, *a priori*, that rest or quietude during a fast would naturally tend to protract life, as it would husband the resources of the economy from disintegrating processes. Yet it seems Dr. Tanner thought otherwise, as he took daily exercise. In the three cases here alluded to who starved themselves to death we have in each an illustration, both as to obesity and mental condition, as well as, in one case, rest in bed, of the effects such conditions exert in protracting or shortening life in fasting. Miss Fanshaw was reduced in flesh from great suffering, both mental and physical, but in complete possession of her mental faculties when she commenced to fast. Although she was confined to her bed, she continued to suffer pain and mental anxiety, which tended greatly to diminish her vital forces.

Miss Herman was in good flesh when she began to fast, but owing to mental deficiency did not suffer so much wear on that account of the vital powers; but perhaps this advantage may have been to some extent counter-

balanced by the exercise which she took in the early days of her fast. Owing to her greater obesity she lived nearly ten days longer than Miss Fanshaw.

Miss Triplett was in fair flesh when she first refused to eat, and, taking neither physical nor mental exercise during her fast, she lived longer than either of her rivals.

We have in the inferior animal an illustrative example that both fat and rest promote very materially the duration of life while fasting. This is the case of the fat pig, an account of which is given by Dr. Mantell in the Transactions of the Linean Society: "On December 14, 1810, a pig was buried in its sty by the caving of part of the chalk cliff at Dover Castle. On the 23d of May following, one hundred and sixty days afterward, the pig was excavated alive. The pig when buried weighed one hundred and sixty pounds, but when taken out was extremely emaciated and weighed only forty pounds. This story would test our credulity very severely were it not verified by such respectable evidence.

It would be interesting to have statistics of the weight of the several fasters both when they began and terminated their fasts. It is said that Miss Herman weighed one hundred and ninety pounds at the outset, and was reduced to about eighty pounds when she died. Miss Triplett, in my judgment, weighed about a hundred and forty pounds at the time she refused to eat, and when I saw her, about two weeks before she died, I do not think she would have weighed more than seventy-five pounds. Of course all the evidence we have of the amount of flesh lost during these fasts is not sufficiently positive to base an accurate estimate upon. It was said that Dr. Tanner lost about sixty pounds in forty days, but the ratio of loss per diem of course would be much greater during the first weeks of the fast owing to the greater activity of the vital forces. We must also estimate a greater loss of tissue-substance in the doctor's case on account of his daily exercise.

Dr. Pavy, in his Treatise upon Food, says that the usual length of time that life continues under complete abstinence from food and drink may be put down at from eight to ten days. But it may be said that, aside from the state of health and amount of adipose material the subject may possess, the duration of life depends greatly on the surrounding circumstances. It is essential that the temperature should not be too high or too low. It should range between 70° and

80° Fahr. Then again a moist atmosphere would favor very much the faster in prolonging life. This would particularly be the case where water is withheld by preventing rapid evaporation from the surface. Quietude is also an essential factor, so that a due amount of sleep may be procured.

In Chossat's experiments upon animals it was found that they lost about forty per cent or two fifths of their weight; also that those provided with the most fat lived the longest. "In the absence of both food and drink the distress from thirst is far greater than that from hunger. With access to water and a very small supply of food life may be prolonged for an extended period." This was to some extent illustrated in the case of the Welch girl in 1869, whose parents gave it out that she had fasted many weeks. The excitement caused by this report became so great in the surrounding country that many persons came from a distance to see her, and among others several medical gentlemen. Some of these put her under systematic observation to preclude the possibility of her receiving food, as it was presumed that she had been fed surreptitiously. Under this strict surveillance she survived only eight days. Possibly she may have fasted as her parents stated, and the vital powers being nearly exhausted at the time the doctors took charge of her, she was enabled to live but a short time afterward. We can better at present entertain this view than we could in 1869, as up to that time no one believed that life could endure even forty days without food. It is stated by her attendants that she was quite cheerful up to a few days before death, and no symptom presented itself to cause alarm, except that her temperature became too low and that it was impossible to keep her warm. It is not stated why she starved herself to death. It is not asserted that she was either afflicted with bodily pain or mentally deranged. If she really did fast as alleged by her parents, and, as we know, died a victim to that experiment, she is entitled to head the roll as the pioneer in that very foolish and, until of late, extremely rare fantasy.

The most prominent symptoms of starvation, says Dr. Carpenter, are: "Pain in the epigastrium, which is relieved by pressure. This subsides after a day or two, but is succeeded by a feeling of weakness and sinking in the same region; and an insatiable thirst supervenes, which, if water is withheld, thenceforth becomes the most distressing symptom. The countenance becomes pale

and cadaverous; the eyes acquire a peculiar wild and glistening stare; a general emaciation soon manifests itself; the body then exhales a peculiar fetor, and the skin is covered with a brownish, dirty, and offensive-looking secretion. The bodily strength rapidly declines, the sufferer totters in walking, his voice becomes weak, and he is incapable of the least exertion. The mental powers exhibit a similar prostration. At first there is usually a state of stupidity, which gradually increases to imbecility, so that it is difficult to induce the sufferer to make any effort for his own benefit, and on this a state of maniacal delirium supervenes. Life terminates either calmly, by gradually-increasing torpidity, or, as occasionally happens, suddenly in a convulsive paroxysm."

According to Chossat, in the inferior animals falling temperature was the most prominent symptom noticed.

I believe there are only two cases on record where fasting was practiced simply to test man's capacity in that particular without materially endangering the vital organs. These cases are those of Dr. Tanner, already alluded to, and a Mr. Griscom, of Chicago, who fasted last year more particularly to exceed the doctor's time than for any other purpose. If my recollection is correct, he fasted forty-one days, exceeding his competitor by one day.

From the foregoing considerations we are led to the following conclusions:

1. That man possesses the capacity of fasting, without suffering any special deleterious effects, a much longer time than was formerly thought possible for him to endure.
2. That the protracted abstinences from food by Dr. Tanner and Mr. Griscom have convinced the world—or at least should do so—that the fasts practiced in ancient times as cited in the Bible were not necessarily miraculous in their character or sustained by divine influence.
3. That those who have heretofore been skeptical as to the truthfulness of said scriptural statements will now perhaps have their incredulity removed.
4. That the man who possesses the most adipose tissue, other things being equal, is enabled to abstain from food longer than his fellow possessing less of that material.
5. That quietude both of mind and body adds very materially to the ability to protract the fast.
6. That the inferior animals, especially the pig, possess greater endurance in this respect than man; and,

7. That this power of endurance depends in a great measure on the fact that in the hog there is no mental activity. Hence the greater ability possessed by the imbecile to fast than by those whose mental faculties are in a normal condition.

LOUISVILLE.

Clinical Lectures.

PAPILLARY GROWTHS OF THE LEG PRECEDING CANCER.

Delivered at London Hospital,

BY JONATHAN HUTCHINSON, F.R.C.S.,
Senior Surgeon to the Hospital.

We had some time ago, through the kindness of Dr. Stephen Mackenzie, several opportunities of seeing a man who has some very peculiar growths on the lower part of one leg. There are several patches of a papillary growth close together, and almost confluent, a quarter of an inch or more in height. On their surface the papillary outgrowths are covered by a dirty scab, but if we detach or break this you can easily separate the wart-like growths from each other and put them apart in long rows, like standing corn. They do not readily bleed, and the skin from which they grow is somewhat thickened. The main patch is over the shin, in front of the lower third of the leg, and is nearly as large as the palm of the hand, but near it are several much smaller ones. The first stage of the condition is a thickened and rough papule, not unlike a spot of psoriasis, but with more evidence of growth. Our patient is a man of near fifty, and he has had the condition for two or three years. It gives him no trouble. He has no enlarged glands.

I do not think that there can be much hesitation in considering that the disease is a variety of papilloma which, if not actually cancerous at present, is in a fair way to become so. At any time we might find the glands enlarged, or that the patch had begun to ulcerate. It is mainly in the absence of any ulceration that the picture of epithelioma is as yet incomplete. There is no telling how long or how short may be the period during which its appearance will be delayed. I have urged the man to at once submit to radical treatment; that is, to have the growths freely destroyed by chloride-of-zinc paste.

Dr. Mackenzie's patient shows an extreme condition of what, in lesser forms, I have often seen before. An old man, aged seventy-four, came to us at the Hospital for Skin-diseases last week, who had exactly the same thing, but in smaller areas and with less elevation. They had been present two years, and excepting that they itched excessively, gave him no trouble. In him one of the patches was at the back of the leg, most of them, however, being in the usual position—over the shin. I will ask you to note in connection with this fact that the patches are almost always multiple—a chief one and several smaller near to it. Although I ask you to believe that this disease is really a close ally of cancer, yet I do not know that I can quote any complete case in which I have watched patches which began as I have described and progressed to an undoubtedly

cancerous termination; but I have seen several that were cancerous in which there was good reason to believe that the beginning had been like them. It is only in the legs of aged people that we see such growths, and the liability to them seems to begin at the cancerous time of life. Often some local irritation, eczema, etc. precedes their formation. Not unfrequently, during periods of some years, the patches remain without warty or papillary outgrowth, simply hard, rough patches, well circumscribed, and showing on the surface the little points or buds from which future growth is to take place. In this stage they resemble condylomata, excepting in their hardness and roughness. Often, however, they are not round, but in long streaks and very irregular. Probably they are for the skin of the leg what the rodent cancer is for the upper part of the face—the form of malignant action which it is most prone to take on. I have not often seen them on other parts of the body.—*British Med. Journal.*

Formulary.

IODINE IN TYPHOID FEVER.

Dr. N. S. Davis (Chicago Med. Jour. and Exam.) has treated fourteen cases of typhoid fever with iodine given according to the following formula:

R Iodinii..... gr. viij; 0.48 Gm.;
Potassii iodidi..... ʒ ss; 2.00 Gm.;
Aque dest. fl.ʒ jss; 45.00 fl.Gm.

M. Sig. Twelve to fifteen minims, diluted with two tablespoonfuls of sweetened water, repeated every four hours for the first three or four days, and then every six hours until indications of convalescence appear.

Nine of his cases were put upon this treatment during the first week of the disease; the other five not till the first half of the second week. Dr. Davis looks upon iodine as a remedy of great value if given in the forming stage, or during the first week after the confinement of the patient from the development of the fever.

He does not attribute to the drug any specific action in typhoid fever, but uses it simply as a general alterant and antiseptic adapted to meet certain rational indications afforded by the pathology of the disease. It should not be employed to the exclusion of appropriate collateral remedies.

CHRONIC TONSILLITIS.

Davis A. Hogue, M.D., of Houtzdale, Pa., writes (Medical Brief):

I have successfully treated several children, where excision was impossible, by the use of a prescription from the clinic of the late lamented Prof. James A. Meigs, viz:

Chromic acid..... gr. xx; 1.33 Gm.;
Aque fl.ʒ j; 30.00 fl.Gm.

Sig. Apply to the tonsils by means of a camel's-hair pencil.

I have found it successful even when the thickening was very great.

BUCKTHORN AND SENNA in the form of an elixir make an excellent laxative prescription.

Books and Pamphlets.

SPECIALISTS AND SPECIALTIES IN MEDICINE. By M. H. Henry, M.A., M.D. New York: Wm. Wood & Co. 1876. Reprint.

ON SOME POINTS IN CONNECTION WITH THE TREATMENT OF STERILITY. By A. Reeves Jackson, A.M., M.D., Chicago, Ill. Reprint.

LECTURES ON VENEREAL DISEASES. By W. F. Glenn, M.D., Professor of Anatomy and Venereal Diseases in the University of Tennessee. Nashville, Tenn.: Wheeler & Osborn. 1881.

LECTURES ON DISEASES OF CHILDREN: A Handbook for Physicians and Students. By Dr. Edward Henschel, Professor in the University of Berlin. New York: Wm. Wood & Co. 1882. (Wood's Library, March number.)

THE OPHTHALMOSCOPE IN DISEASES OF THE BRAIN. By W. Cheatham, M.D., Lecturer on Eye, Ear, and Throat in the University of Louisville.

This is a short paper prepared for the recent meeting of the Kentucky State Medical Society.

A TREATISE ON THE SCIENCE AND PRACTICE OF MEDICINE, OR THE PATHOLOGY AND THERAPEUTICS OF INTERNAL DISEASES. In two volumes. Vol. I. By Alonzo B. Palmer, M.D., LL.D., Professor of Pathology and Practice of Medicine and Clinical Medicine in the University of Michigan, etc. New York: G. P. Putnam's Sons. 1882.

Selections.

Albuminuria and Eclampsia During Pregnancy.—In a communication upon the above subject, published in the *Zeitschrift für Geburtshilfe und Gynäkologie*, Dr. Ingerslev, of Copenhagen, brings forward some new statistical facts which are of importance. He is opposed to those who hold that the occurrence of albuminuria in pregnancy is explained by pressure on the renal veins. He shows by comparing statistics from different authors, the great divergence of statements as to the frequency of albuminuria during pregnancy, the wide differences being no doubt partly accidental, but also dependent upon the period of pregnancy at which the examination was made (some authors having included cases in which the urine was not examined till labor had begun), and upon the care which was taken to ascertain the source of the albumen. Dr. Ingerslev gives six hundred cases, in which the urine was carefully drawn off with a catheter, so as to avoid any admixture of other secretions. In twenty-nine of these, or 4.8 per cent, albumen was present. In seven microscopic examination revealed casts. Of these six hundred, three hundred and forty-eight were pregnant for the first time. As to the period of pregnancy, five were in the fourth month, albumen being present once; thirteen in the sixth month, in one albumen being present; thirty-six in the seventh month, none of them showing albuminuria; one hundred and seventy in the eighth month, albumen being present in nine; two hundred and eighty-one in the ninth month, with albuminuria in thirteen; and ninety-five

in the tenth month, albumen being present in five. Of the six hundred pregnant women, more or less edema of the lower extremities was present in ninety-six. Of the twenty-nine with albuminuria, edema was present in seven. In five there was hydramnios, and five were twin pregnancies, but in none of these was there albumen. In one there was chronic heart-disease (mitral regurgitation) with albumen in the urine.

The next point upon which Dr. Ingerslev contributes some facts is as to the persistence of albuminuria after delivery. Out of thirty-six cases in which albuminuria was present during pregnancy, eight died, fourteen recovered, and fourteen were lost sight of while albumen was still present. Of the fourteen who recovered, in seven the albuminuria lasted five days; in four, fourteen days; in two, thirty days; in one, sixty days after delivery. Of those in whom albuminuria continued as long as they were under observation, in three it was ascertained to persist twenty days; in five, one month and a half to two months; in two, three months; in one, five months; in two, six months; in one, seven months after labor. It follows, therefore, that in cases of albuminuria with pregnancy, the prognosis as to ultimate recovery should be guarded.

With regard to the effect of the process of labor in producing albuminuria, Dr. Ingerslev gives one hundred and fifty-three cases in which the urine was examined during labor. In fifty of them albumen was present, or about thirty-two per cent. Of these fifty, forty-six were also examined during pregnancy, but in only fifteen of them was albumen then present. In forty-one out of the fifty the subsequent course was ascertained. In eight the albumen had disappeared the next day; in twenty-five on the second day; in one on the fourth; in one on the seventh; in one on the ninth; and in one on the thirteenth day. In four cases chronic cystitis followed. In brief, in 80.5 per cent the urine became normal in forty-eight hours.

As to the connection between eclampsia and albuminuria, out of one hundred cases of eclampsia in the Copenhagen Lying-in Hospital, the urine was examined in seventy-seven, and in seventy-one albumen was present, in six being absent. Out of the seventy-one, in twenty general anasarca was present; edema only of the lower extremities in thirty-six; and in fifteen no edema. In thirteen cases albuminuria was known to have preceded the eclampsia; in the remainder it was not detected till simultaneously with, or after, the convulsions. As to the course of the albuminuria, in twenty-six it disappeared within five days, or forty per cent; in thirty-nine, or 60.9 per cent, within fourteen days. The view as to the pathology of puerperal albuminuria and eclampsia that Dr. Ingerslev adopts is that it is the manifestation of an especially acute nephritis, and that the albuminuria, eclampsia, and nephritis are co-ordinate phenomena, results of a vasomotor reflex neurosis. This is a view which it is difficult to controvert, for there is scarcely any acute disease which is not accompanied by some alteration in the action of the vasomotor system, and therefore might not be called a vasomotor neurosis.—*Med. Times and Gazette.*

Red Sweat.—It has long been suspected that the red as well as the blue color occasionally observed in perspiration is due to the presence of bacteria. In a woman whose sweat, especially in the axillæ, had a red tinge, Hoffmann, in 1873, found that uniform red masses adhered to the hairs, but he did not ascertain

their nature. Pick observed in a peculiar case of skin-disease reddish masses of bacteria on the hairs. Eberth noticed bacteria in yellow sweat. Additional observations of the same kind have been reported by Babesiu, of Pesth. A woman, twenty-six years of age, presented pale-red sweat in the right axilla, where the skin and hair were also slightly reddened. From time to time the perspiration became blood-red in color, associated with hysterical and nervous disturbances. A sister who slept with her also became affected in a similar manner, the perspiration in the right axilla becoming red. A third case presented itself in a young, healthy man, who complained of occasional blood-red sweat, and a fourth in a young woman. In all the symptom was associated with troublesome itching. Microscopical investigation in all the cases yielded a similar result. The hairs of the axilla were thin, pale-red, brittle, and surrounded with a colloid-looking, rusty or bright-red sheath, in places of considerable thickness, and having a rough surface. It consisted of red masses presenting a radiating striation, more or less confluent, apparently proceeding from fibers of the cortex of hair or from some broken part of its surface. The radiating striation was found to be due to the aggregation of round or ovoid bacteria, scarcely a micro-millimeter in diameter, which were united in zoöglea masses by a reddish intermediate substance. Nodular swellings on the hair were produced by an infiltration of the organism between the separated fibrils. The roots of the hair were free from bacteria. The red tint of the sweat was found to depend upon numerous roundish masses of zoöglea, resembling those of *Bacterium prodigiosum*. The bacteria were deeply colored by anilin and hematoxylin, and were rendered more distinct on the addition of acetic acid or liquor potassæ, while the zoöglea shrank under the influence of alcohol, ether, and turpentine. Sulphuric acid changed the red color to violet, and then to violet-blue. In sterilized-culture solutions the bacteria multiplied slowly.

The conclusions drawn from these observations are that the red sweat often found in the axilla is colored by a spherobacterium, the development of which gives rise to an excessive perspiration, and sometimes to brittleness of the hair, itching, and slight tinting of the skin. The red sweat appears to be contagious. The bacteria resemble, on the one hand, the colorless zoöglea found in hair, and on the other, certain chromogenous bacteria, especially *B. prodigiosum*, from which it is distinguished by the brick-red color of the intermediate substance. It is more difficult to cultivate than *B. prodigiosum*, but gives essentially the same chemical reactions.—*London Lancet*.

A Surgical Millenium.—In the last volume of the Medico-Chirurgical Transactions, Mr. Spencer Wells gives the brief histories of two hundred cases of ovariectomy, completing one thousand cases upon which he has operated! A history like this is so novel that it deserves more than a mere statement. It is rare for any surgeon to do even a thousand ordinary operations, but a thousand operations such as ovariectomy put him in a category apart from his fellows. America anticipated him in the inception and early practice of ovariectomy, and Philadelphia and New York had no mean share in perfecting the operation; but we must all confess that today ovariectomy owes more to Spencer Wells than to any other man. This one operation will make him famous for all time.

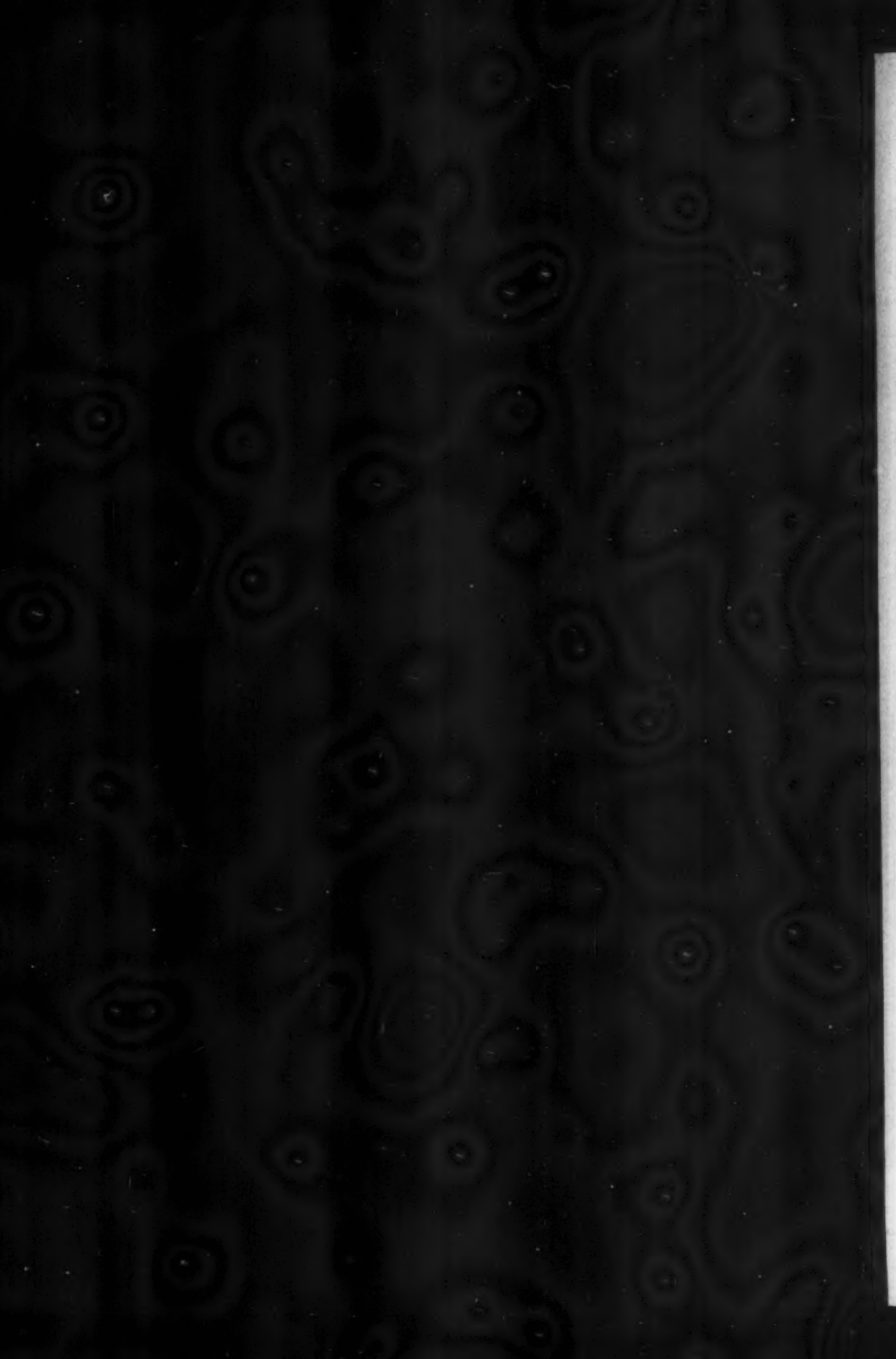
A review of such a useful life must be an immense and abiding satisfaction to him. He can well answer Mr. Mallock's question, "Is life worth living?" His head never rests upon his pillow without the blessings of hundreds whose lives have been spared through his skill, and of thousands in whose hearts and homes he has made the noon-day sun to shine again. Twenty-odd years ago, when he reported his first modest roll of five cases, the ovariectomist was considered by many as an ogre, a murderer, deserving of indictment by law, a surgical pariah. But Mr. Wells has lived to see seven hundred and sixty-nine women snatched from the grave and restored to useful and happy lives, the operation firmly established, and the mortality fall in his own hands from thirty-four to eleven per cent, and with a few operators even to three per cent.

On the basis of the expectation of life of these one thousand patients, according to the English life insurance tables, Mr. Wells has added an aggregate of 17,880 years to human life, or considering only those who have recovered, he has given them 22,880 years of average health and happiness, instead of the 3,080 years of suffering and sorrow, which they would have had without the operation of ovariectomy. What a benefactor such a man is to the human race! What an ornament to his time, his country, and his profession! *Servus in calum redeat!*—*Phila. Med. News, March 11th*.

The Parasite of Leprosy.—The observations of Hausen on the bacillus of leprosy, confirmed by Heiberg, Bidentap, and Winge, have recently received additional confirmation from MM. Cornil and Suchard. These investigators found that when a portion of leprosy tissue was teased out in water numerous bacilli were seen in active movement. In sections stained with methylaniline the characteristic cells of the diseased tissue, and the endothelium of the blood-vessels were seen to contain rods and elongated spheroids. The cells of the epidermis covering the leprosy-nodules contained no parasites, which may account, the authors suppose, for the rarity with which the disease is propagated by contagion. In one case, in which the liver was found in a condition of hypertrophic cirrhosis, the bacilli were found in the newly-formed cells present in the interlobular connective-tissue, and were also found in some of the hepatic cells.—*London Practitioner*.

Addison's Disease.—At the meeting of the Pathological Society of Dublin, held on Saturday, February 18th (Dr. William Stokes, president, in the chair), Dr. Kendal Franks showed the kidneys and supra-renal capsules of a girl, aged fourteen, who died of Addison's disease. She first complained of illness two months before her death, which occurred suddenly while she was in a state of profound asthenia. The body was well nourished and plump. The skin was uniformly darkened to a coppery hue, the most deeply pigmented parts being the sides of the neck, the face, the backs of the hands, and the knees. The apices of both lungs presented patches of caseous pneumonia. The supra-renal bodies were much enlarged and quite hard, notably the left; they contained large masses of caseation, and the microscopical appearances of smaller nodules were those of tubercle, viz. central giant-cells with many nuclei and ramifying processes, a zone of epithelioid cells, and a peripheral arrangement of lymphoid corpuscles.—*Med. Times and Gazette*.





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